



APPLICATION FOR REFUND OF RETIREMENT DEDUCTIONS
CIVIL SERVICE RETIREMENT SYSTEM

To avoid delay in payment: (1) Carefully read and comply with all instructions;
(2) Complete application in full; (3) Typewrite or print in ink.

NSN 7540-00-634-4251
Form Approved:
OMB No. 3206-0128
Expiration Date 11/30/97

1. Name (Last, first, middle)		2. Date of birth (Month, day, year)		3. Social Security Number		4. Are you a citizen of the United States of America?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. List all other names you have used (Including maiden name, if applicable)				6. Previous applications filed (Indicate by "X")		Retirement Annuity Refund		Deposit or Redeposit Voluntary Contributions	
7. List below all of your civilian and military service for the United States Government or District of Columbia						Indicate whether Civil Service Retirement deductions were withheld from your salary (Check one)		Have you paid deposit or redeposit for any period, including military service, after 1956? (Check one)	
Department or Agency (Including bureau, branch, or division where employed)	Location of Employment (City, State, and ZIP Code)	Title of Position	Periods of service		Withheld	Not Withheld	Fully or Partially Paid	Not Paid	
			Beginning Date	Ending Date					
8. Have you accepted any further employment with the Federal or District of Columbia government (or arranged for such employment) to become effective within 31 days from the ending date of your last period of service?						<input type="checkbox"/> No <input type="checkbox"/> Yes		Complete items 9, 10, 11 and 12	
9. If you answer "Yes" to Item 8, are Civil Service Retirement System or Federal Employees' Retirement System deductions being withheld (or will they be withheld) from your salary during such employment?		<input type="checkbox"/> Yes <input type="checkbox"/> No		10. Date of new appointment (Expected date if not yet reemployed)		WARNING - Any intentionally false or misleading statement, certification, or response you provide in this application is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)			
11. Department or agency, including bureau, branch, or division, in which you are (or will be) employed		12. Location of new employment (City, State, and ZIP Code)		APPLICANT CERTIFICATION I understand that I am not legally entitled to receive a refund if I am reemployed or otherwise assigned to a position under the Civil Service Retirement System or Federal Employees' Retirement System within 31 days of separating from my most recent position. I agree to notify OPM if I am employed again within this time period and will return or repay any refund paid to me under those circumstances. I hereby certify that all statements in this application, including the information I have given pertaining to current and former spouses in Items 14 and 15 and on the back, are true to the best of my belief and knowledge and that the tax withholding election made here reflects my wishes.					
13. Indicate below whether you wish to have Federal income tax withheld from the interest portion of your refund: <input type="checkbox"/> Withhold Federal income tax from the interest portion of my refund payment. If you elect withholding, the amount withheld will be 10% of the total interest payable. <input type="checkbox"/> Do not withhold Federal income tax from the interest portion of my refund payment.				Your signature (do not print)		Date			
14. Are you now married? If "Yes," attach SF2802B, Current/Former Spouse's Notification of Application for Refund of Retirement Deductions, or other information as explained on pages 2 and 3 of this form and in the SF 2802B. OPM CANNOT PAY YOUR REFUND WITHOUT THIS INFORMATION. Give name of current spouse <input type="checkbox"/> No <input type="checkbox"/> Yes →				ADDRESS FOR MAILING REFUND CHECK WE CANNOT AUTHORIZE PAYMENT IF THIS ADDRESS IS ERASED OR OTHERWISE CHANGED.			Telephone number (including area code)		
				Number and Street			City, State, and ZIP Code		
15. Have you been divorced on or after May 7, 1985, from a person to whom you were married for at least 9 months? If "yes," follow the instructions on pages 2 and 3 of this form and in the SF 2802B. OPM CANNOT PAY YOUR REFUND WITHOUT THIS INFORMATION. <input type="checkbox"/> No <input type="checkbox"/> Yes → Use the space provided on the back of this form to list all such living former spouses.				FOR AGENCY USE ONLY I certify that this agency received this Standard Form 2802 on the date shown below.					
				Signature of Agency Official			Date received		
				Title			Agency Payroll Office Number		